

HISTORY FACILITY PROFILE

IHC PEDIATRIC HOME CARE
2250 SOUTH 1300 WEST, SUITE A
SALT LAKE CITY UT 84119
STATE'S REGION CODE: 001

PROVIDER #: 467118
PHONE NUMBER: (801) 977-9900
PARTICIPATION DATE: 10/01/1998

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: OFFICIAL HEALTH
TYPE OWNERSHIP: VOLUNTARY NON-PROFIT - PRIVA

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY 10/1998	PRIOR 2 SURVEY 10/1999	PRIOR 1 SURVEY 11/2000	CURRENT SURVEY 10/25/2001	PLAN/DATE OF CORRECTION
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PROGRAM REQUIREMENTS

X	STD	G0229-SUPERVISORY VISITS IF SKILLED CARE NO LESS THAN ONCE EVER
X	STD	G0230-SUPERVISORY VISITS IF NO SKILLED CARE NO LESS THAN ONCE E

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
STANDARD	0	2	0	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	2	0	0

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED -----	DEFICIENCY CORRECTED AFTER APPROVAL -----	REPEAT COP DEFICIENCY -----
COP	0	0	0

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT